

**Best Available Copy**

CLAIMS ONLY							Application Number <b>09/955043</b>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							61					
2							62					
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47												
48												
49												
50												
Total Indep			2				Total Indep					
Total Depend			5				Total Depend					
Total Claims			7				Total Claims					